

TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 0 0 3

2. STATE:

GEORGIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.230 and 441.56(c)(2)

7. FEDERAL BUDGET IMPACT:

Budget Neutral

a. FFY '00 \$

b. FFY '01 \$ " "

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A,

pages 4b and 4c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1-A,

pages 4b and 4c

10. SUBJECT OF AMENDMENT:

FOR REHABILITATIVE SERVICES

MODIFICATION OF PRIOR APPROVAL FOR DENTAL PROCEDURES PROGRAM

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gary B. Redding

14. TITLE:

Director, Division of Medical Assistance

15. DATE SUBMITTED:

September 15, 2000

16. RETURN TO:

Georgia Community Health

Division of Medical Assistance

2 Peachtree Street, N.W.

Atlanta, Georgia 30303-3159

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 19, 2000

18. DATE APPROVED:

February 9, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Crasor

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

10a. ADULT DENTAL SERVICES

Limitations

Dental services are available to recipients age 21 and over. Covered procedures include only those described below:

Diagnostic radiographs: Panoramic and individual periapicals.

Emergency examinations during office hours and after hours emergency examinations.

Oral and maxillofacial surgery services.

Anesthesia including nitrous oxide, intravenous sedation and general anesthesia.

Hospital admissions, inpatient and outpatient, when approved.

Post-Treatment Claim Review:

Claims for covered services exceeding \$800.00 per recipient, per provider, per calendar year must be submitted to the Department for post-treatment review.

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TN No. 00-003

Supersedes Approved FEB 09 2001 Effective Date JUL 01 2000

TN No. 98-017

## 10b. EPSDT DENTAL

All medically necessary dental services will be provided to all recipients under age 21 when these services are provided at intervals that meet reasonable standards of dental practice, as determined by the State after consultation with recognized dental organizations involved with child health care, and at such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition.

Prior Approval is required for the following dental services:

Plan of care exceeding \$800.00 per recipient, per provider, per calendar year. Services totaling less than \$800.00 do not require prior approval unless they cause the total amount to exceed \$800.00. Emergency services are exempt from prior approval but must be submitted for post-treatment review.

Hospital admissions, inpatient and outpatient.

Root canal therapy.

Anesthesia including nitrous oxide, intravenous sedation and general anesthesia.

Chemotherapy, therapeutic.

Other drugs and medicants.

More than two denture adjustments, one laboratory relining, or two tissue conditionings per recipient, per calendar year.

Catastrophic procedures, except emergency treatment.

Orthodontic treatment.

Dentures.

Management of difficult children.

Hospital time/consultation.

Periodontal Services.

TN No. 00-003

Supersedes Approved FEB 09 2001 Effective Date JUL 01 2000

TN No. 98-007